



MIAMI-DADE COUNTY – SEAPORT DEPARTMENT  
APPLICATION FOR PERMIT TO CONDUCT PRIVATE  
BUSINESS ON PORT OF MIAMI PROPERTY

Name of company: \_\_\_\_\_

MAILING

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

OTHER

Corporate Officer or Owner 's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Please indicate business to be conducted on premises: \_\_\_\_\_

INSTRUCTIONS

Send all required documentation and fee to:

**Port of Miami**  
**1015 North America Way – Room 210**  
**Miami, FL 33132**

ANNUAL PERMIT FEE SCHEDULE

One Time Initial Processing Fee (non-refundable- all categories).....\$250.00

Annual Fees

Stevedoring Firms .....\$2,500.00

Mobile Food/Drink per truck ..... \$2,000.00

Ship's Agents ..... \$1,000.00

Ship Chandlers/Suppliers ..... \$ 400.00

Fees for all other business categories .....\$ 250.00\*

\*UNLESS OTHERWISE DETERMINED BY PORT DIRECTOR.

THE ABOVE FEE DOES NOT INCLUDE THE COST OF REQUIRED PORT OF MIAMI IDENTIFICATION CARD(S).

**REQUIREMENTS FOR INSURANCE CERTIFICATE, CONSENT TO TARIFF and INDEMNIFICATION**

PORT OF MIAMI TARIFF NO. 10 – SECTION TWO – ITEM 224

All users of the Port facilities are required to carry Comprehensive General Liability insurance and/or Automobile Liability insurance and to furnish certificates of insurance. Such insurance shall be in amounts not less than \$100,000 per person and \$300,000 per accident for bodily injury, and \$50,000 per accident for property damage. **The insurance policy for general and vehicle liability must show the Port of Miami as both CERTIFICATE HOLDER AND ADDITIONAL INSURED.**

PORT OF MIAMI TARIFF NO. 10 – SECTION TWO – ITEM 202

The use of the waterways and piers, wharves, bulkheads, docks and other facilities under the jurisdiction of the Seaport Department shall constitute a consent to the terms and conditions of this tariff and evidence an agreement on the part of vessels, their owners and agents and other users of such waterways and facilities to pay all charges specified in this tariff and be governed by all rules and regulations published hereon.

The permit applicant agrees to indemnify and hold harmless Miami-Dade County from any and all liability, losses or damages arising out of, resulting from or relating to the permit application, a permit should one be issued and the permit applicant's use of port facilities.

The undersigned represents that he or she has authority to submit this application on behalf of the above-named entity. The permit applicant agrees to comply with all applicable laws, including the Code of Miami-Dade County, Port of Miami Terminal Tariff No. 010 and all regulations or directives issued by the Port Director or Seaport Department staff.

Name (Print or Type) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

APPROVAL \_\_\_\_\_

Port Director

PERMIT NO. \_\_\_\_\_